

DEPARTMENT OF CUSTOMER SERVICES  
**CITY AND COUNTY OF HONOLULU**  
MISSION MEMORIAL BUILDING  
550 SOUTH KING STREET, HONOLULU, HAWAII 96813  
TELEPHONE: (808) 768-3391 FAX: (808) 768-1591  
<http://www.honolulu.gov>

RICK BLANGIARDI  
MAYOR



NOLA N. MIYASAKI  
DIRECTOR  
KIMBERLY M. HASHIRO  
DEPUTY DIRECTOR

**ELECTRIC GUN LICENSEE (DEALER) APPLICATION**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from the above listed business address)

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax #: \_\_\_\_\_

Hawaii Tax ID#: \_\_\_\_\_ Federal Employer ID#: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

Type of Business Ownership:

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Partnership (If partnership, list partners below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Corporation

\_\_\_\_\_ LLC

**Applicant Name:** \_\_\_\_\_

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The following information is required for all applicant(s). If the applicant is a business, complete the required information of the principal owners or members of the applying entity:

Legal Name: \_\_\_\_\_

Name (Previous, alias, nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SS# XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Name (Previous, alias, nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SS# XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Name (Previous, alias, nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SS# XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Name (Previous, alias, nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SS# XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

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If there is more than one business location, please list the addresses of all locations.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from the above listed business address)

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from the above listed business address)

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from the above listed business address)

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax #: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**

- A. I, the undersigned, hereby acknowledge receipt of the form, "Briefing Prior to the Sale of Electric Gun."
- B. I understand the usage of the form pursuant to Section 134-D Hawaii Revised Statutes.
- C. I also understand that the licensee shall be responsible for the legal sale, distribution, and proper storage of any electric gun and cartridges under the licensee's control or at any of the licensee's designated place of business, and its employees.
- D. I also understand that the information given will be used to complete a background check pursuant to Section 134-C.

Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please answer the questions below WRITING YOUR INITIALS on the line under "Yes" or "No".

	Yes	No
Applying entity is registered to do business in the State of Hawaii?	_____	_____

Applying entity is composed of principal owners or members who have had no convictions for any felony offense?	_____	_____
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Within the last three years, that at least one principal owner or member of the applying entity has completed an electric gun safety or training course that focuses on:	_____	_____
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- Safe use and handling of electric guns;
- Current information about the effects, dangers, risks, and limitations of electric guns;
- Education on the existing state laws on electric guns.

Safety Training Course Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date Training Conducted: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Applicant Name:** \_\_\_\_\_

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For Official Use Only:

Applicant or Entity's Name: \_\_\_\_\_

Recommendation:      Approved ☐                      Disapproved ☐

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

Last Name of Officer: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Recommendation sent to MVC-Business License Section (KapaHulu Office)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Via email: ☐      Hand Delivered: ☐      Other: \_\_\_\_\_ ☐